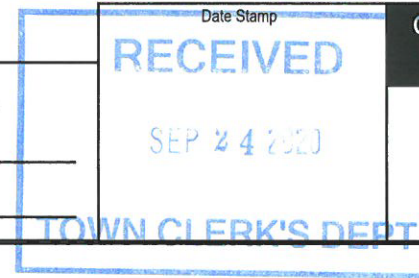


**Officeholder and Candidate
Campaign Statement –
Short Form**

Date of election if applicable:
(Month, Day, Year)

11-3-2020

Amendment (Explain Below)



CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 20 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Mike "Zucc" Zuccolillo

STREET ADDRESS
1000 Skyway Dr.

CITY STATE ZIP CODE
Paradise CA 95969

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
530-521-4576

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Councilmember

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Town of Paradise

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
Committee to Elect Mike Zuccolillo to Town Council ID#n/z	6400 Skyway Paradise, CA 95969	Mike Zuccolillo

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/24/2020
DATE